

Iowa Law Enforcement Academy

Minimum Medical Requirements Form for Reserve Officers (To be completed by licensed physician, physician's assistant or surgeon)

Name of Officer:	Date of Birth:/	
Step 1: Must be comp	pleted for all officers	
Uncorrected Vision*		
Right Eye//		
	(With your signature you certify that all foregoing information is true and correct.)	
*If the uncorrected vision	is worse than 20/100, the applicant does not meet the minimum medical requirements	
Step 2: To be complete	ted only if uncorrected vision is worse than 20/20	
Corrected Vision		
Right Eye/ Date tested:/_ Physician's Signature: _		
	(With your signature you certify that all foregoing information is true and correct.)	
Step 3: Must be completed for all officers		
Does this officer have color vision consistent with the occupational demands of law enforcement? Passing any of the following color vision tests indicates that the applicant has color vision consistent with the occupational demands of law enforcement: pseudo isochromatic plates tests such as but not limited to Tokyo Medical College; Ishihara, Standard Pseudo Isochromatic Plates, Dvorine, American Optical HRR Plates, American Optical; panel tests such as Farnsworth Dichotomous D-15 Test, or any other test designed and documented to identify extreme anomalous trichromatic, dichromatic or monochromatic color vision. Individuals with extreme anomalous trichromatism or monochromacy color vision, as determined through testing, are not eligible to be hired as law enforcement officers in the state of lowa.		
YES NO		
Name of the test used:		
Physician's Signature:		
	(With your signature you certify that all foregoing information is true and correct.)	

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Step 4: Must be completed for all officers		
Does this officer have normal hearing in each ear? Hearing is considered normal when tested by an audiometer hearing sensitivity thresholds are within 25db measured at 500 Hz, 1000 Hz, 2000 Hz		
and 3000 Hz averaged together.		
YES NO		
Date tested:/		
Physician's Signature:		
(With your signature you certify that all foregoing information is true and correct.)		
Step 5: Must be completed for all officers		
Has this officer been examined by a licensed physician, physician's assistant or surgeon?		
YES NO		
Examination Date:/		
Physician's Signature:		
(With your signature you certify that all foregoing information is true and correct.)		
Does this officer meet the physical requirements necessary to fulfill the responsibilities of a law enforcement officer?		
YES NO		
Date:/		
Physician's Signature:		
(With your signature you certify that all foregoing information is true and correct.)		

The above signed individual hereby authorizes any physician, doctor or audiologist named above to release to the lowa Law Enforcement Academy such limited information necessary only to verify the answers set forth above. A copy of this release shall have the same effect as the original.

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